



HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → +

IFC

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------------------|
| Application Number | 09/842,899 |
| Filing Date | April 27, 2001 |
| Inventor(s) | Mohamed Anisur RAHMAN et al. |
| Group Art Unit | 2688 |
| Examiner Name | Sharad RAMPURIA |
| Attorney Docket Number | 29250-000469/US |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request for Reconsideration <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |
| Mail Stop Amendment | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|---|---------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name Gary D. Yacura | Reg. No. 35,416 |
| Signature |  | | |
| Date | September 6, 2006 | | |



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/842,899

Group Art Unit: 2617

Filing Date: April 27, 2001

Examiner: Sharad Rampuria

Applicant: Mohamed Anisur RAHMAN et al.

Title: CONSOLIDATED BILLING IN A WIRELESS NETWORK

Attorney Docket: 29250-000469/US

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314
Mail Stop Amendment

September 6, 2006

REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action mailed June 6, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

Amendments to the Claims begin on page 2 of this Amendment.

Remarks begin on page 5 of this Amendment.

| | Claims remaining after Amendment | | Highest number previously paid for | | Present extra |
|--------------------|-------------------------------------|---|---------------------------------------|---|---------------|
| Total | 10 | - | 40 | = | 0 |
| Independent | 2 | - | 8 | = | 0 |